



# Regionalization of Emergency Care: Utilizing the Statewide Trauma System for the Framework

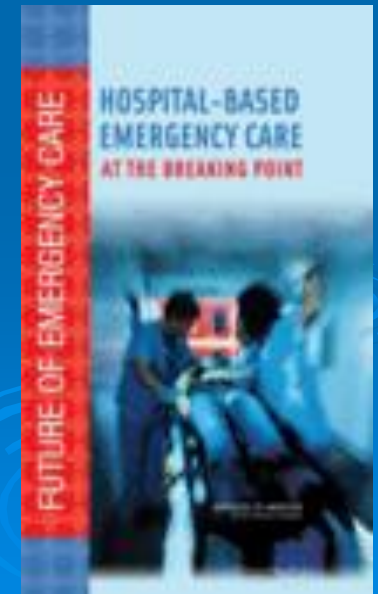
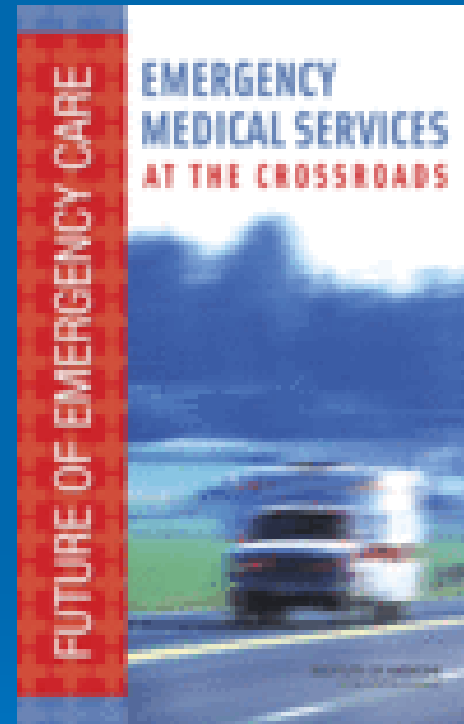
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# The conversation began.....

- 2007 White Paper “Need for Regionalization and Planning of Emergency Transport and Care in Michigan”.
- Partner discussions: Trauma, STEMI, Stroke, Perinatal, Pediatrics.
- In Michigan a heart attack occurs every 21 minutes, an automobile accident every 13 minutes, a stroke every 110 minutes.
- Michigan has had Trauma Rules in place since 2007 that define and organize Emergency Care.
- Evaluating national guidelines and reports on systems of care.

# Regionalization: The IOM's Vision

A  
**Regionalized,  
Coordinated,  
and  
Accountable  
Emergency  
Care System**



# Institute of Medicine: Recommendations from Workshop



- “Emergency system needs to be regionalized, accountable, and coordinated”
- States must play a key role in establishing regional systems to ensure **consistency** and **sustainability**
- Successful states have maintained a lead agency concept
  - Someone who has **legal authority**

# Institute of Medicine: Recommendations from Workshop

- Regionalization is not centralization
- Not about designating certain places as the place to go
- Match the patient to the appropriate resources
- Needs to be a web, not a funnel
- Most mature systems have strong medical leadership, willing to take criticism, help resolve issues, have legislative authorization, and it's enforced

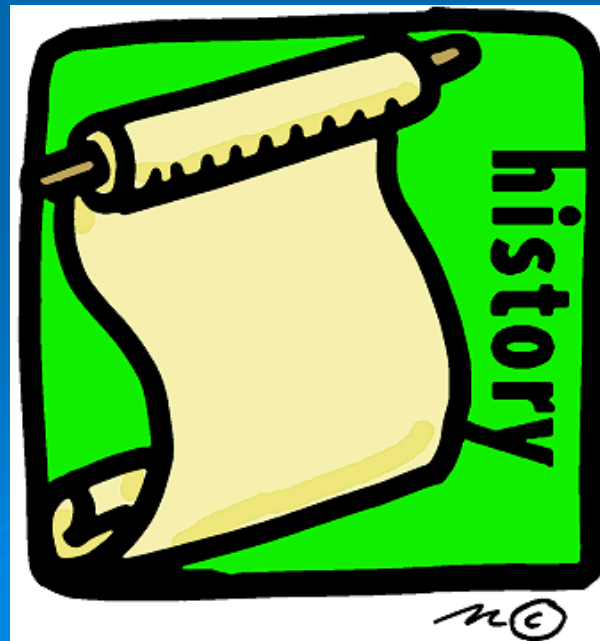


# Regionalization in Michigan

## ➤ Presentations to:

- Stroke/Stemi Partners – June 20, 2011
- Perinatal Partner – September 12, 2011

# History on the Development and Implementation of a Statewide Trauma Care System



# 1991 NHTSA Assessment Findings

- Develop a trauma system
- Designate Trauma Centers
- Develop Triage & Transfer Guidelines for trauma patients
- Require Data Collection & Develop a Trauma Registry
- Develop a Quality Improvement Program
- Require mandatory autopsies for all trauma deaths
- Pass legislation for the EMS-Trauma Care Systems Trust Fund
- Develop a statewide air-transport system



# 2000 Trauma Commission

- In 2000 Trauma Commission was created by public Act 440 & charged with completing a statewide assessment and compiling a report.



# Recommendations of Commission



- Establish Division of EMS as Lead Agency for EMS & Trauma
- Implement a Comprehensive Statewide Trauma Care System
- Utilize “Model Trauma Care Plan” (HHS)
- Establish Designation System for Hospitals (ACS)
- Establish Statewide Trauma Registry

# Recommendations (con't)

- Coordinate Injury Prevention & Education Activities between Lead Agency & MDCH
- Consider Various Fees as Funding Sources
- Report Submitted in 11/02



# Michigan Model Trauma Care System Plan

- In July 2003, the Michigan Trauma Coalition (MTC) was Contracted by the State to Convene a Trauma Care Planning Committee to Develop:
  - Model Trauma Systems Plan
  - Implementation Plan for a Statewide Trauma System
- Trauma Plan was finalized in 2004 and made 18 Recommendations



# 18 Recommendations



- Establish Michigan's Lead Trauma Agency
- Establish a State Trauma Advisory Committee
- Establish Regional trauma networks
- Implement an "All-Inclusive" Trauma System
- Implement Tiered Triage Protocols
- Designation & Verification of Trauma Facilities
- Timeframe for Verification
- Designation of Trauma Facilities
- Periodic Re-Designation of Trauma Facilities
- Hospital Participation in Data Collection
- Confidentiality of Trauma Data
- Phase in of Data Collection Systems

# Recommendations continued

- MCA Performance Improvement Plans
- Evaluation of System Performance
- Evaluation of System Effectiveness
- Trauma Injury Prevention Planning
- Trauma Systems Staffing Requirements
- A Trauma Systems Education Plan



# Legislation

## ■ Trauma System Legislation – 2004

- P.A. 580
- P.A. 581
- P.A. 582



# Michigan Trauma Systems Plan



- The findings of the Trauma Systems Plan were incorporated into Public Acts 580, 581, and 582, which require the Department to create a statewide trauma system which is consistent with the recommendation of the Trauma Systems Plan.
- Required the formation of Statewide Trauma Advisory Subcommittee (STAC)
- Requires the promulgation of administrative rules to create a statewide trauma system within one year of formulation of the STAC



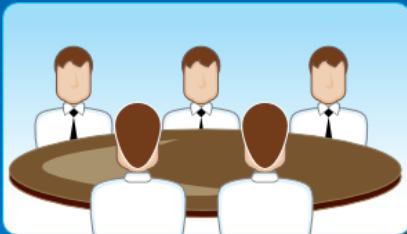
# Statewide Trauma Advisory Subcommittee

- Created five work groups based on the recommendations in the State Trauma Plan
  - Triage & Transport
  - Designation & Verification
  - Data & Evaluation
  - Education & Injury Prevention
  - Funding



# Responsible to Promulgate Administrative Rules

- 5 Work Groups
  - 13 sub workgroups
  - 150 professionals assisting



# Administrative Rules Requirements

- Implement an all-inclusive trauma system throughout Michigan
- Establish a statewide trauma quality improvement process using a statewide data base.
- Assign a dedicated state EMS/Trauma Medical Director and supporting resources
- Implement and Maintain a statewide plan for a trauma system
- Ensure integration of the Trauma and EMS System.



# Administrative Rules Requirements

- Develop a statewide process to establish regional trauma networks comprised of medical control authorities that integrates into existing Emergency Preparedness Regions.
- Develop a statewide process for the verification of trauma resources.
- Develop a statewide process for the designation of Trauma facilities.



# Administrative Rules Requirements

- Develop an appeals process for facilities contesting designation.
- Approve regional trauma triage protocols.
- Establish regional trauma networks
- Implement Tiered Triage Protocols
- Develop and maintain a statewide trauma data collection system that integrates with EMS data.



# Administrative Rules Requirements

- Develop trauma destination protocols
- Develop and maintain inter-facility transfer protocols.

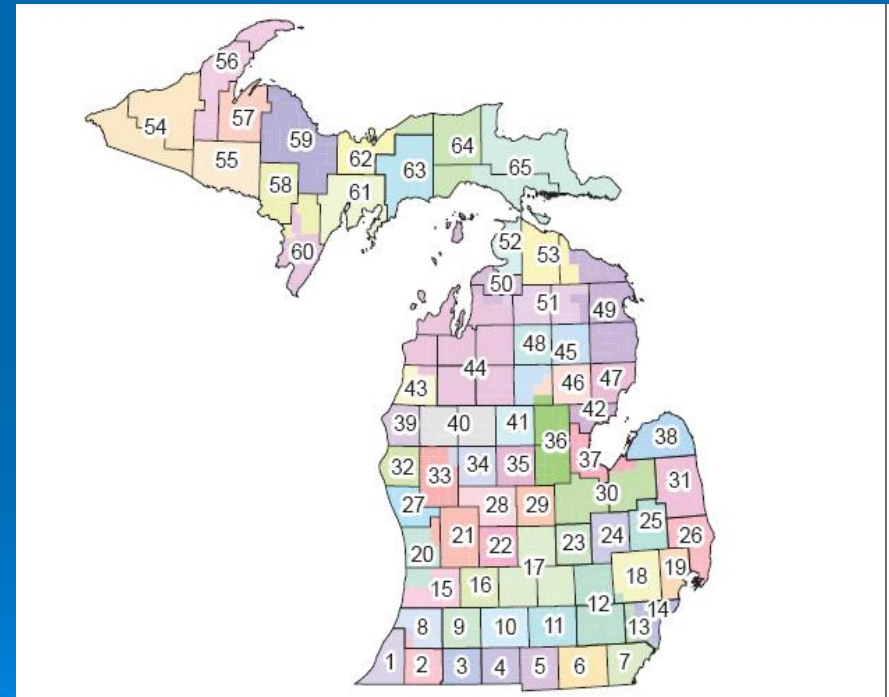


# Why the MCA for Trauma System Administration?



# Medical Control Authorities

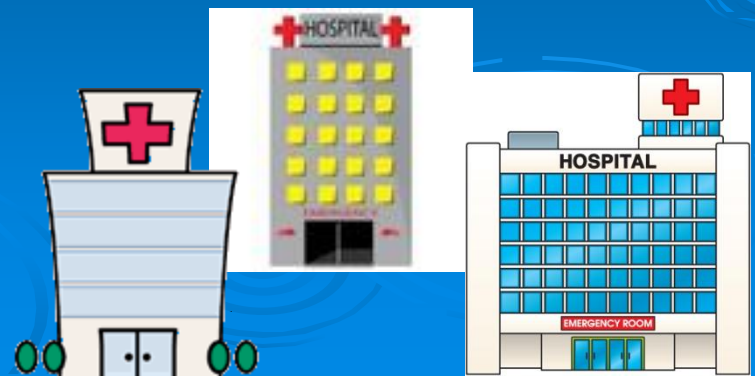
- By Statute, the Michigan Department of Community Health, is responsible for administering and overseeing the EMS system
- MDCH Designates a Medical Control Authority for the purpose of supervising and coordinating an EMS system, as prescribed, adopted and enforced through department-approved protocols for each particular geographic region
  - 65 MCA's in Michigan





# Medical Control Authority Requirements

- MDCH designates Medical Control Authorities for a particular region (currently 65 MCAs)
- A Medical Control Authority is a hospital or group of hospitals that operates a service that treats patients 24 hours a day, 7 days a week



# Medical Control Requirements

- MCAs are responsible for:
  - **The supervision and coordination of the EMS system.** EMS system means a comprehensive and integrated arrangement of the personnel, facilities, equipment, services, communications, medical control, and organizations necessary to provide emergency medical services and **trauma care** within a particular geographic area.



# Medical Control Requirements

- MCAs are responsible for:
  - adopting an organizational structure of their choice, but must have an advisory body
  - appointing a medical director
    - who is board certified in emergency medicine, or who practices emergency medicine and is current in both ACLS and ATLS



# Medical Control Requirements

- Medical Director, appointed by the MCA, is an agent of the Medical Control Authority and is responsible for Medical Control for the EMS System.
- It is the Medical Director's responsibility to ensure the provision of medical control.



# Medical Control Requirements

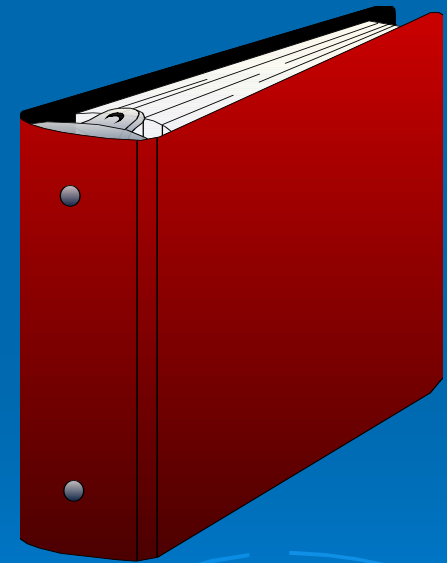
## ➤ MCAs are responsible for:

- establishing written protocols for the practice of life support agencies and EMS personnel.
- circulating draft protocols to all significantly affected persons for review, and submitting to MDCH for approval
- ensuring physicians, hospital staff, and providers are educated on protocols
- adhere to protocols



# Medical Control Requirements

- Each participating and nonparticipating hospital within a medical control authority region shall follow all standards, policies, procedures, and protocols established by the MCA as approved by the Department.



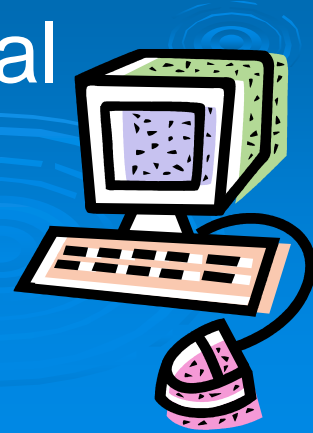
# Medical Control Requirements

- Protocols adopted by the MCA and approved by the department have the force and effect of law.
- Licensed life support agencies and individuals are accountable to the MCA in the provision of emergency medical services as defined in protocols.



# Medical Control Requirements

- Appoint a Professional Standards Review Organization, for the purpose of improving the quality of medical care
- Collect data as necessary to assess the quality and needs of emergency medical services throughout its medical control authority region.





# Quality Improvement

- MCA must develop and implement protocols that ensure a quality improvement program is in place and provides data protection



# Overall goal.....All Inclusive Statewide Trauma System

- Predetermined and Organized response to managing and improving care of severely injured individuals
  - Right Patient, Right Place, Right Time
- Reaches beyond the boundaries of hospital ED's and physicians
- Encompasses **ALL** phases of care, from pre-hospital care through acute care and rehabilitation

# Regionalization -- Stroke

- Eileen Worden staffing this initiative.
- Designation/Verification Committee – has met several times to identify criteria for hospital verification/designation
- Destination Committee – will meet for the first time October 27, 2011
- Data Collection/QI and PSRO – not yet scheduled

# Regionalization -- STEMI

- Sarah Poole staffing this initiative.
- Designation/Verification Committee – has met several times to identify criteria for hospital verification/designation
- Destination Committee – will meet for the first time November 1, 2011
- Data Collection/QI and PSRO – not yet scheduled

# Regionalization -- Perinatal

- Trudy Esch is staffing this initiative.
- Components they are looking to develop:
  - Designation/Verification
  - Destination/Transport/Triage
  - Quality Improvement/Data Collection
  - Other Specific to Perinatal:
    - Educational/Training and Communication
    - NICU Follow-Up

# Questions/Concerns??

